

Please fill ALL fields below otherwise fill N/A in the fields that are not applicable

Branch Location: NBK _____

1. Corporate Profile

Corporate Information

Legal Name:

Commercial Name:

Entity Type:

- Sole Proprietorship/ Establishment
 Partnership/ Limited Partnership
 Public Shareholding Co.
 Closed Shareholding Co
 Financial Institution*
 Limited Liability Co
 Others (please specify):

*Financial Institution involved in banking, investments, brokerage, insurance, Asset management, trading in securities...etc.

Standard Industry Code (SIC):

Registration Number:

Registration Date:

Expiry Date:

Legal Body at which Entity is Registered:

License Number:

Expiry Date:

License issuing authority:

Date of Incorporation:

Country of Incorporation:

Nature of business:

Registered Address:

Mailing Address:

Head Quarters Address:

Website and/or email address:

Telephone Number (include country code):

Fax Number (include country code) :

Listed on Stock Exchange: Yes No

Name of Stock Exchange:

Symbol at Stock Exchange:

Activity / Industrial Sector:

Country / ies of Activity:

Name of External Auditors:

Date of Last Audit:

Do you receive Income / payment(s) from USA : Yes No

Type of Income: Interest Income
 Rental Income
 Capital gains
 Other (Please specify)

Ownership and Managerial Information

Owner's Full Name	Nationality / Country of incorporation	Ownership if 10% or above

Board of Directors		
Name	Nationality	Position

Authorised Signatory (/ies)		
Name	Nationality	Position

Main contacts within the Entity:				
Name	Nationality	Position	Contact Number	Email Address

Subsidiaries Information

Attach or list the following:

Subsidiary Name	Ownership Interest (%)	Location

Products / Services Information

Prime Customer Name(s)	Location

Prime Supplier Name (s)	Location

Financial Information

Year	Gross Revenue	Operating Profit (EBIT)	Net Profit	Earnings Per Share (EPS)

Other Known Bank Accounts

Does the entity have Bank accounts with other Local/International Banks? Yes No

If "Yes", please provide the following details:

Bank where the account is opened	Country	Account Value (CCY)

Political Exposed Persons Details

Does the entity have any PEP in its Board of Directors or Executive Management : Yes No

If yes, please specify:

Name	Role (in organisation)	PEP status / Position Held	Duration (since when)
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2. Transaction Profile

Reference Currency:				
Estimated incoming funds transactions Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	No. of transactions:		Estimated outgoing funds transactions Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	No. of transactions:
	Total Amount			Total Amount
Description of transactions nature:				
Expected incoming funds - type	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheques	<input type="checkbox"/> Wire Transfers	<input type="checkbox"/> Others (securities transfer, etc.)
Expected incoming funds - country of origin	1.	2.	3.	4.
Expected outgoing funds - type	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheques	<input type="checkbox"/> Wire Transfers	<input type="checkbox"/> Others (securities transfer, etc.)
Expected outgoing funds - country of destination	1.	2.	3.	4.

Expected incoming funds at the beginning of the relationship - First Transaction:

Detailed explanation on the origin of funds		
Cash	Origin of the funds:	Amount:
		Provenience of funds (from which financial institution):
Cheques	Origin of the funds:	Amount:
		Provenience of funds (from which financial institution):
Wire Transfers	Origin of the funds:	Amount:
		Provenience of funds (from which financial institution):
Others	Origin of the funds:	Amount:
		Provenience of funds (from which financial institution):

Target account size / Estimated holdings during next 12 months :

Ceiling Limits:

Exemption : Yes No

Products & Services to be used:

Cash Transactions
 Credit Facility
 L/Cs
 L/Gs
 Credit Cards
 Funds Transfer
 Investments
 Others (please specify):

3. Account Profile

Account Number:	
Customer Number:	Branch Name:
Relationship Manager in charge:	
Nature of Relation:	
Purpose of Account Opening:	
Date of visit to the client's premises:	
Name and Position	
Attached Call Report: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Identification of all persons and Legal Entities related to the account

(Authorized Signatories are required to fill in an Individual Customer Information Form)

Contents	Number of Related Parties to the Account			
Person or Legal Entity Name				
Type of Account Relationship*				
Relationship between the individuals**				
Country of Residence				
Address in country of residence				
Phone number (include country code)				
ID Type, ID Number and Place of Issue				
ID Expiration Date				
Nationality / ies				
Occupation / Activity				

*Please specify whether its account holder, beneficial owner, Guardian, power of attorney, etc.

**Describe the relationship between account holders, beneficial owner/s and other individuals, and specify the type of operations each individual is allowed to execute on the account

Authorised Signatory(ies) Declaration

I/We hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this application form are genuine. I undertake to inform the National Bank of Kuwait ("the Bank") in writing of any changes to the information already provided and to update the information on this form whenever requested to do so by the Bank.

I/We hereby declare that, in the event of my/our being subject to any foreign tax laws requiring information to be shared by the Bank with the foreign government to whose tax laws I am/we are subject, or with its representatives, I/we explicitly agree to the Bank's full compliance with such foreign government's instructions and requests for information without the Bank's need to notify me/us or to seek my/our additional consent. I understand and acknowledge that this declaration is with respect to all of the Bank's products and account types (including corporate, joint, and/or individual accounts) and covers transactions, balances, supporting information, and any enquiries from the requesting government or its representatives.

To facilitate the Bank's compliance with the foreign tax laws to which I am/we are subject, I/We hereby undertake to provide the Bank with any documentation requested by the foreign government to whose tax laws I am/we are subject, or to its representatives. I/We further agree to provide and/or update the above-referenced documents as and when required by the terms and conditions set by the foreign tax authority to which I am/we are subject.

I understand and agree that this declaration is final and irrevocable, and that it is not subject to cancellation or amendments.

Authorized Signatory Name	Signature	Date
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For Bank Use only

Relationship Officer Name:	Signature:	Date:
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Branch Manager Name:	Signature:	Date:
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Compliance Officer Name:	Signature:	Date:
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General Manager Name:	Signature:	Date:
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